

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	1/22/00
FORMALITY REVIEW		69055	1-8-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	5/6/01
1	✓
2	✓
3	✓
4	N
5	N
6	N
7	N
8	N
9	N
10	N
11	N
12	N
13	N
14	N
15	N
16	✓
17	✓
18	✓
19	✓
20	N
21	N
22	✓
23	✓
24	✓
25	N
26	N
27	N
28	N
29	N
30	N
31	N
32	N
33	N
34	N
35	N
36	N
37	N
38	N
39	N
40	N
41	N
42	N
43	N
44	N
45	N
46	N
47	N
48	N
49	N
50	N

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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